# *LOS ANGELES COUNTY COMMISSION ON HIV*

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info


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## COMMISSION ON HIV MEETING MINUTES
**November 2, 2007**


| MEMBERS PRESENT | MEMBERS PRESENT *(cont.)* | PUBLIC | OAPP/HIV EPI STAFF |
|---|---|---|---|
| Carla Bailey, *Co-Chair* | James Smith | Susan Choi | Kyle Baker |
| Al Ballesteros | Peg Taylor | Lisa Fisher | Angela Boger |
| Diana Baumbauer | Gilbert Varela | Charles Hilliard | Maxine Franklin |
| Carrie Broadus | Kathy Watt | Miki Jackson | Lanet Williams |
| Mario Chavez | | Heidi Kleiger | Roberta Young |
| Whitney Engeran | **MEMBERS ABSENT** | Gabriela Leon | |
| Douglas Frye | | Ted Liso | **COMMISSION STAFF/CONSULTANTS** |
| David Giugni | Ruben Acosta | Luis Lopez | |
| Jeffrey Goodman/ Sharon Chamberlain | Anthony Bongiorno | Richard Mathias | Virginia Bonila |
| Richard Hamilton | Anthony Braswell | Melissa Nuestra | Marc Haupert |
| Michael Johnson | Alicia Crews-Rhoden | Adam Ouderkirk | Jane Nachazel |
| Jan King | Eric Daar | Jose Paredes | Glenda Pinney |
| Lee Kochems | Nettie DeAugustine | Jill Rotenberg | Doris Reed |
| Brad Land | William Fuentes | Cynthia Tucker | James Stewart |
| Anna Long | Joanne Granai | Walter Ward | Craig Vincent-Jones |
| Quentin O'Brien | Ruel Nolledo | | Nicole Werner |
| Everardo Orozco | Angélica Palmeros | | |
| Dean Page | James Skinner | | |
| Mario Pérez | Chris Villa | | |
| Natalie Sanchez | Fariba Younai | | |

1. **CALL TO ORDER**: Ms. Bailey called the meeting to order at 9:15 am.
   A. **Roll Call** (**Present**): Bailey, Ballesteros, Baumbauer, Broadus, Engeran, Frye, Giugni, Goodman, Hamilton, Johnson, King, Kochems, Land, Long, O'Brien, Orozco, Page, Sanchez, Taylor, Varela, Watt

2. **APPROVAL OF AGENDA**:
   **MOTION #1**: Approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   **MOTION #2**: Approve the minutes from the September 13, 2007 Commission on HIV meeting ***(Passed by Consensus)***.

4. **PARLIAMENTARY TRAINING**: Mr. Stewart reminded the body that only amendments, not complaints, could effect change.

5. **PUBLIC COMMENT, NON-AGENDIZED**: There were no non-agendized comments.

6. **COMMISSION COMMENT, NON-AGENDIZED**: Ms. Broadus reported she had participated in a Congressional breakfast briefing in Washington, D.C. on changing the HIV surveillance system, particularly in regards to the alarming 35% unidentified

risk rate. Women, particularly women of color, constituted 47%, she said. The position paper developed by the National Women's AIDS Collective was available at www.msfoundation.org. She also offered to provide it by email.

7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no follow-ups.

8. **CO-CHAIRS' REPORT**:
   - **A. Part A Letter of Assurance**: The letter of assurance is required for the Part A application, to ensure that certain conditions have been met the prior year.
   - **B. Co-Chair Nominations**: Mr. Vincent-Jones reported that Ms. Bailey's co-chair seat was up for renewal. Ms. Bailey had been renominated. Additional nominations would be accepted until the next Commission meeting (December, or if no December meeting, January).
   - **C. December Commission Meeting**:
     - Mr. Vincent-Jones reported that the Executive Committee proposed to cancel the December meeting if all of the Commission business was completed. He said it was possible the Commission could not get quorum for the meeting, based on some Commissioners' travel/vacation plans.
     - Mr. O'Brien noted that the Medical Outpatient Rate Study comment period was scheduled to end December 21st. He felt that if the Commission intended to comment on it, a December meeting would be necessary unless public comment were extended. Ms. Broadus suggested meeting in any case to better inform stakeholders prior to the close of public comment.
     - Mr. Giugni said the SOC had considered addressing the discussions at the SOC meeting, and suggested delegating authority for the public comment to that Committee. Mr. Engeran felt the body as a whole should comment on the document. Ms. Taylor felt a meeting was necessary to discuss the document whether or not a vote was taken.
     - Mr. O'Brien asked how motions could be offered in advance of a meeting. Mr. Vincent-Jones replied such motions should be submitted to the Executive Committee for inclusion on the agenda.
     - ➲ It was agreed to hold the December meeting with the Medical Outpatient Rate Study as the primary agenda item.

9. **EXECUTIVE DIRECTOR'S REPORT**:
   - **A. Policy: Document Distribution at Meetings**:
     - Mr. Vincent-Jones reported that a policy had been developed to reflect long-standing Commission practice and rules. The policy would be open for public comment until the next meeting.
     - He went on to note that there were several reasons for prohibiting distribution, including the Brown Act and HRSA posting requirements. The only way to ensure sufficient materials, as required, was to include them in the packet. In addition, that ensured that the committee process and agendizing requirements were met. The policy had to be implemented consistently.
     - People who did wish to provide materials at a meeting can leave them at the resource table. They could refer to them during public comment and/or read them into the record if comment time sufficed for that.
     - Mr. Johnson said he would also like to see other documents being presented for approval distributed at least 72 hours in advance of the meeting. Mr. Vincent-Jones responded that that requirement would create a notable burden for staff and committees.
     - ➲ Mr. Vincent-Jones said he would refer Mr. Johnson's suggestion to the Executive Committee.
     - ➲ Ms. Broadus suggested the Executive Committee consider use of a consent calendar. She felt it would streamline the meeting and free up time for substantive discussion. It was agreed to refer the suggestion.

10. **STATE OFFICE OF AIDS REPORT**:
    - Ms. Taylor reported that $10.1 million had been redirected from Part B ADAP to other care programs. The Care Services Program received $2.3 million, the Early Intervention Program (EIP) received $4.3 million and Case Management received $3.5 million.
    - Los Angeles County would receive an increase in the Care Services Program (the Consortia) of $1,012,355. The amount was determined based on the formula used for the last 10 years. EIP sites would receive an increase of $773,469. Case Management would receive an increase of $876,000. In total, the County was allocated $2.66 million in additional funds.
    - Ms. Taylor reported that with the one-time dollars permitted allocation of another $4 million to the Therapeutic Monitoring Program which is actively used in Los Angeles County.
    - Staff was working to release RFAs quickly. A $1 million RFA was being released for a pilot in a handful of sites around the state to provide outpatient, substance abuse and mental health services at EIP sites.
    - The state budget, on the other hand, may be problematic. Details were not available as yet. It was important to balance the release of the additional funds with plans to ensure that program funding would be stable.

- Ms. Taylor reported that HRSA has not yet released the Part B application guidance. They anticipated a due date in December or January.
- Mr. Land asked if OA anticipated a charge for testing of those who were not screened as high risk. While qualifying that counseling and testing was not one of her programs, she responded that she was not aware of any testing charges. She said there was some discussion—due to CDC policies that would promote increased testing—OA might not be able to pay for every potential test. She anticipated that testing would fall under the same scrutiny as other programs so, if a client had other resources like insurance, possibly those would be engaged.
- Mr. Engeran asked if there had as yet been any distributions of state funding to EMAs/TGAs recovering from YR 17 losses. She responded that contracts were being amended to help those jurisdictions backfill to 2006 levels. They were also allocating funds to the San Francisco EMA—which covers three counties—for Marin and San Mateo counties, which were not able to provide their own funding.
- Mr. Ballesteros asked if the home-based program had trend data on utilization; she offered to provide him information.

**11. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS**:

**A. STD Program: Detecting High-Acuity HIV**:

- Dr. Kerndt presented a PowerPoint on preliminary findings from a CDC 18-month study to identify persons who have become HIV+ recently, specifically within the "window period" (acute HIV infection), during which their antibody test was negative, but their nucleic acid amplification test (viral load) was positive. There is also an "eclipse period" after infection during which neither antibody nor viral load were detectable.
- The study focused on those between the "eclipse period" and when antibodies could be tested, the "window period" of approximately two to five months after infection. People within that timeframe have been shown to have high viral loads and be especially infectious. It has been estimated that 40% of new infections are related to that population.
- Identifying such individuals would benefit them by helping them access care early in the course of the disease. It would also benefit public health since it has been shown that two-thirds to three-quarters of people will change their behavior once they are aware of their HIV status, reducing their high-risk behaviors for at least some time.
- He noted that some 80% of people have symptoms within weeks of infection. The P24 antigen typically tests positive shortly after the RNA viral load tests positive, but disappears after four to six weeks. Antibody tests have improved. First generation tests often take five to six weeks for a positive result. Second generation tests do better. It is hoped that third generation tests will bring the "window period" down to 21 to 28 days.
- Currently, the best test is the viral load test; it can identify HIV from nine to eleven days after infection. While the most time-consuming and expensive, blood banks have used them for ten years with a pooling strategy in conjunction with a confirmatory antibody test.
- The STD Program participated in the CDC multi-site study from May through August 2006. The mobile testing unit and all twelve STD clinics involved in HIV testing have participated. The Public Health Lab was using a second generation antibody test and viral load was being shipped daily to an Albany lab for a pooled test. Additional funding for other sites was through UARP. Data from both studies was combined.
- In addition, though not part of the presentation, the STD Program was participating with CHIPTS and their network of NIH-funded studies on behavioral social and psychological issues associated with HIV infection. Part of the CDC study was to evaluate the feasibility and cost-effectiveness of identifying people during the "window", if they could be found, to identify their transmission risk and to explore the effectiveness of offering partner services. Another study aspect was to review discordant results that occur with any diagnostic method and whether the NAAT test was applicable to those situations.
- An individual who tested HIV-1 antibody non-reactive would be pooled, generally with 24 samples for this study. The pool was then tested with the NAAT test. If the pool was negative, then all samples were negative. If the pool was positive, then each sample would be tested to identify positive sample(s). Another approach was to use a two-stage pooling method in which the pool was broken into sub-pools. If the master pool was negative, all samples were negative. If the master pool tested positive, each sub-pool could be tested to eliminate groups of samples before individual sample testing was done.
- Data being reported at this time was collected through July with tests of 27,000-28,000 individuals. Of those, 491, or 1.8%, were antibody positive. The antibody negative samples were pooled for viral load testing and 29 individuals were identified as antibody negative, but RNA positive. HIV+ individuals identified increased from 3% to 15% depending on site, with an overall average of a 6% increase or 1 in 250 people with a negative antibody test actually was HIV+.
- Of those with acute HIV infection: 33 were male, of which 21 were MSM, 11 MSM/W and, 2 were MSW; 1 was a male-to-female transgender who had sex with men. Seventy-six percent (76%) were between 21- and 40-years-old. Most had 1 to 10 partners within a three-month period, though one individual reported 72 partners.

- The viral load curve, and potential infectiousness, increased steeply. For example, one individual tested less than 2,000 copies per ml on the first test, but over 500,000 copies nine days later. Seventeen of 34 tested over 500,000 copies and could be presumed to be much higher, even into the millions, since the method was not sensitive over 500,000. There was one female false positive.
- Symptoms were present in 22 of 29, including fever, aches, rashes, itching, lesions, flu-like symptoms, lymph nodes, rectal bleeding and urethral symptoms. Of 32 tested for co-infections, 18 were positive for another STD. Not all tests were done on all individuals. Syphilis was present in 5 of 30 tested. Gonorrhea was present in 14 of 32 tested. One individual presented with venereal warts.
- Anal intercourse was reported by 31 men, with 2 also reporting vaginal intercourse. One reported vaginal intercourse only. During anal intercourse, condoms were used always by 2, sometimes/mostly by 19, never by 9. Regarding drug use in the 12 months prior to testing: 14 reported meth, with 8 reporting combinations with other drugs or alcohol; 2 reported alcohol; 1 reported nitrates; and, 2 reported marijuana in combination with alcohol or other drugs.
- Anonymous sex partners were reported by 25 men who met on the Internet, at clubs or bath houses/sex clubs. No anonymous partners were reported by 8 men and 1 was not sure. Sex with an IDU was reported by 4 men. Sex with a known HIV+ partner was reported in the last 12 months by 7 men.
- PCRS was offered to 18 clients of whom 15 accepted. Six partners of 20 named were tested. Of those, 1 had previously tested HIV+, 4 tested HIV- and 1 tested newly HIV+. Of the other clients, 5 refused PCRS, 7 could not be located, and 9 were still pending.
- Regarding care: 11 clients were in care; 7 were referred to care, but follow-up was unknown; 2 were known not to be in care; care status was unknown for 14 clients, including 1 who moved out-of-state, 1 who tested anonymously and was lost to follow-up, and 1 who refused to verify his identity.
- Dr. Kerndt presented a typical case summary of a 39-year-old, Caucasian MSM with past history of Hepatitis C who tested antibody HIV- five months previously. In the past three months, the client used meth and engaged in receptive and insertive anal and oral intercourse. Condoms were not used for oral sex, but were sometimes used for anal sex. The client had 6 partners during the five months and a long-term partner. He often used drugs with anonymous partners. He initially tested RNA HIV+ with over 100,000 copies per ml. His antibodies converted four weeks later. The long-term partner tested acute HIV infection at the same time. One of the other partners tested HIV- though the other 5 were not tested.
- Dr. Kerndt summarized that acute HIV contributed substantially to HIV infection. Individuals often were unaware that they were HIV+ and might have been counseled that they were not. This population was highly infectious and engaged in high risk behaviors. It was recommended that MSM presenting with other STDs, even with a negative antibody test, should be tested with a pooled NAAT test. Counselors also should consider recent high-risk behaviors and STD-related symptoms.
- One question raised was how to promote rapid HIV testing while also screening for HIV with RNA that required a blood sample for pooling. The same population also was affected by syphilis which could be driving HIV infections. An additional question was to determine the best HIV serum test. A third generation test was becoming more widely available and a fourth generation test was likely to become available in about a year, for example, a new Abbott test would combine antibody and antigen tests. If tests become sophisticated enough, NAAT might not be cost-effective. The study demonstrated that populations where incident HIV infection was occurring could be accessed.
- Laboratories should also incorporate NAAT. Rather than identifying specific populations for that, the blood bank routine testing model might be used. The study hoped to show cost-effectiveness of laboratory testing. If 10% additional infections could be identified early in this population that drives 40% of new infections, even if behavioral change only lasted two to five months during the highly infectious “window period,” the overall infection rate could be reduced.
- Mr. Ballesteros asked about cost and whether the method might be rolled out into high-risk communities. Dr. Kerndt replied that the project would continue through June 2008. At that time, there should be data sufficient to estimate cost and for the CDC to determine if it should be a recommendation. There were four counties in Florida and three STD clinics in New York City that were also participating in the study.
- Ms. Broadus asked how many partners the two MSW had and how many men, women and transgenders were among those tested. Dr. Kerndt did not have the data on the number of partners the MSWs had with him; of those tested, less than 0.5% were transgenders and about one-third were women. Since those testing positive were nearly all men, the percentage of acute HIV infected among them was actually higher.
- Ms. Broadus asked if pooling was done by social groups or geography. Dr. Kerndt said sufficient volume was needed for this kind of testing, so samples were sent out daily in the order received and results were returned in seven days. Social and psychological effects were being studied among the 34 infected. There would be a session at the HIV Prevention Conference this December in Atlanta where the findings from all six participating cities would be presented.
- Mr. O’Brien asked if he supported a move toward more comprehensive HIV and STD testing rather than separate testing. Dr. Kerndt agreed and noted that viral loads went up dramatically when an HIV+ person acquired an STD. STDs also

facilitated HIV transmission. He felt those testing for one should be checked for the other. He added that syphilis was readily transmitted orally and, as lesions were painless, might not be noted without exam.

- Mr. Giugni asked if blood draws were all for HIV. Dr. Kerndt replied that some were. Others were tested by antibody for HIV, and those were recommended to have blood drawn for a syphilis test which also provided a NAAT sample.

**12. OFFICE OF AIDS PROGRAMS AND POLICY REPORT**:

**A NCC/MOE/PFU Contribution**:

- Mr. Pérez responded to the request for more information about the additional funds allocated to OAPP by the BOS. In response to last year's reductions, the Board identified $2.2 million in County General Funds (Net County Cost or NCC) to avert drastic service reductions.
- The resources were set aside until it was confirmed that there would be a gap from March to August from the change in the MAI funding cycle. OAPP then requested about $836,000—about a third of the annual MAI award—in NCC funds to maintain services. The CEO approved that request, leaving about $1.36 million in the NCC provisional funds budget. Since then, those funds have been returned to the general fund.
- Mr. Goodman asked if there were ways to use the funds. Mr. Pérez replied OAPP requested about $180,000 to use a portion of the resources for the August 2007 MAI shortfall. The request was not approved by the CEO.
- Mr. Vincent-Jones noted that the Board did approve, at the CEO's suggestion, a $1.3 million increase to the NCC contribution to OAPP, raising the annual NCC contribution to $17.2 million. Mr. Pérez noted that details had not been finalized, including whether it would be annual or one-time.
- Ms. Broadus asked if the NCC increase would be restricted to services rather than administration. Mr. Pérez replied no confirmation of the funds or decisions about them had been made, but as much as possible would go to direct services.
- Ms. Jackson asked if OAPP still intended to take a third floor of office space. Mr. Pérez replied that several years ago the then CAO did a space survey of OAPP. Based on County standards, it determined OAPP should occupy about 3.7 floors of space to meet staff, support and meeting space needs. Based on community concerns, OAPP agreed to restrict itself to three floors. He did not have cost information with him, but agreed to bring it to the next meeting. Ms. Jackson requested more details on cubicle and other usage.
- ➲ Mr. Land suggested a report on the building issue. Mr. Vincent-Jones said the building issue was an OAPP administrative manner. Based on precedent, the Commission could send a letter requesting further clarification.
- ➲ Mr. Engeran noted that the Commission was expecting financial reports. He said there was agreement between OAPP and the Commission, in response to a Board motion, regarding full financial reporting. Mr. Vincent-Jones said the agreement was for the materials to be provided in December or January. It was agreed to refer the matter to the Executive Committee for further discussion.

**B. Year 18 Part A Application**: Mr. Pérez said he had been late because the application was being submitted. He felt it was a strong application that addressed shortcomings identified in the prior year. He thanked the Commission for its help in developing a competitive response to the new HRSA regulations.

**C. Additional State Contribution**:

- Mr. Pérez noted there was slightly more than a $1 million increase this year. There were increases for three existing EIP programs and MAI recommendations for 2007/2008 had been finalized. He felt it would be best to do a formal presentation on all the resources at an upcoming meeting. OAPP wanted to maximize the resources and, in response to state requests, invest in as few service categories and contractors as possible.
- He added that resources would also support hospice services, mostly skilled nursing, at slightly more than $600,000 and about $400,000 in case management services. It was possible to indirectly restore some contracts in treatment education and mental health psychiatry slated for reductions under the initial YR 17 Part A/Part B investment plan.
- Mr. Giugni asked how services were chosen for additional funds. Mr. Pérez replied there had been a significant utilization increase in hospice, especially skilled nursing, so resources would have had to be found had these not materialized. The case management resources were not new, but were being offset against the Part B grant.
- Ms. Taylor thanked OAPP for quick work in allocating funds despite a late state budget which delayed the allocations and contracting processes. Los Angeles County was moving more quickly than other counties receiving these funds.
- ➲ Mr. Ballesteros requested the Co-Chairs send a letter commending OAPP for its rapid response to the state.

**D. Medical Outpatient Rate Study**:

- Mr. Pérez reiterated that the rate study covered ADAP enrollment, treatment education, medical nutrition therapy in addition to medical outpatient. It was released to the public on October 22nd. There was also a meeting with community partners, Mercer and OAPP on October 31st to share perspectives.

- Public comment would end December 21st. Once the comment period closed, Mercer would incorporate comments. Meanwhile, he and Dr. Green had begun to explore meetings, principally with the medical outpatient provider caucus, based on feedback already received. They hoped those would occur in November. Mr. Pérez said OAPP would work to make the process as constructive as possible and he would keep the Commission informed of developments. Copies of the study were available from OAPP and on OAPP's website.
- Mr. Vincent-Jones reminded the Commission that a motion had been approved about a year ago that stated the Commission's rate study role was to approve the scope of work and methodology then, once the study was completed, to review its implementation conformed to the approved methodology and scope of work. It excluded a role in the actual rates. It was acknowledged at the same time that the medical outpatient rate study had begun before the Commission's role was clarified in the process.
- Mr. O'Brien felt there was significant detail in the study. He said the HIV Medical Outpatient Provider Caucus had been discussing the issue for two years, and unanimously felt the study would break the system of care in the County. He felt the methodology was deeply flawed. He added that, with the Commission bringing forward a new medical care coordination standard of care, OAPP pulled that aspect of the rate study even though medical case management was a significant, interwoven aspect of medical outpatient contracts. The rate study would have a major impact and should be studied with care.
- Mr. Ouderkirk commented that many providers felt the rates were inadequate. He also felt there were inconsistencies, confusing items and even math errors in the study. He urged everyone to review the study carefully. He said OAPP had been very helpful in the process. He felt that applying costs and focusing on direct staff was probably a sound methodology, though he would need more information to verify that. There were, he indicated, some basic math errors related to staffing and standards of care. The medical outpatient caucus has some ideas on ways to correct the problems that would be presented the following week. He suggested the public comment period be extended because of the complexity of the material and the holidays during the comment period.
- Mr. Engeran noted that this study included over half the Part A portfolio and would affect thousands of patients. He felt the methodology was flawed. He believed the Commission could not be relevant without considering it and how it fit within the medical care coordination framework. He suggested that it should be presented to the Commission where consumers and stakeholders other than providers could participate. He went on to say that the study represented a fundamental service delivery issue for the County, noting, however, that AHF and others were not opposed to rates.
- Ms. Broadus felt the Commission voted on the process and should not modify its decision now. She added that all service providers needed to bear the burden of funding realities equally. It should not be delayed simply due to who is opposed to it. Ms. Broadus felt that a report following full public comment would be more appropriate.
- Mr. Land said several different standards were reflected in the study and it should be verified that minimum standards were incorporated. It was also important to assess how it would affect the system. He added that there was supposedly discussion at HRSA about requiring EMAs to reconcile fee-for-service rates.
- Mr. Ballesteros said the study had been in the works for eight years. He would send in comments, but felt those with the best resources to review it were those most impacted. They should be able to respond within the current comment period. Dr. Long said there was time to evaluate the study. It should be distributed broadly and comments encouraged.
- Mr. Johnson said he had concerns about the architecture and how numbers were derived from it, but also understood that today's reality required a move toward fee-for-service. In making a fundamental change in the business model, he asked if there was a plan to assess the financial health and adaptability of providers to convert to this kind of system.
- Mr. Vincent-Jones noted that the architecture of this study was very similar to the application/methodology approved by the Commission for substance abuse. He added that it was appropriate for the Commission to respond to the study as a body. OAPP was asked to respond in public comment to the medical care coordination framework and the Commission was planning to review the service descriptions to ensure their consistency with standards, and address other issues in public comment.
- Mr. Pérez reminded everyone that the public comment period was open precisely to obtain feedback. He encouraged all to read the study and felt they would find it did a good job of adhering to the standards of care. He said an analysis had been done based on units of service reported to OAPP in YR 15 and compared that to what was paid out and what would have been paid for units of service, which reflects productivity. Differences may be due to flaws in reporting units of service. He emphasized that implementation was a separate step from the rate study itself. OAPP was committed to working with providers to evaluate impacts on their work. Ms. Sanchez asked if OAPP would consider revising the rates. Mr. Pérez said it was premature to determine that.

**MOTION #2A:** ***(O'Brien/Broadus)*** Direct the Co-Chairs of the Commission to recommend to the Board of Supervisors that the public comment period for the medical outpatient and related rate studies be extended to a minimum of 90 days (January 21st) to allow for appropriate detailed analysis, presentations on the rate study, and further consideration of the proposed medical care coordination model ***(Passed: 11 Ayes; 10 Opposed; 0 Abstentions)***.

**14. HIV EPIDEMIOLOGY PROGRAM REPORT**: Dr. Frye reported that case report numbers were almost back to where they were under code reporting. The program would also be receiving $700,000 more per year for three years from the State. The funds would permit additional staff and more overtime for existing staff to further increase case reports. While trend data would not be possible for a couple of years, the process for developing it was on track.

**15. PREVENTION PLANNING COMMITTEE (PPC) REPORT**:

- Ms. Watt reported that about 45 people were working on the new prevention plan. It would be presented at the November 16th PPC meeting after one final all-day planning meeting. The presentation on November 16th would be on priorities, but was not yet the complete plan.
- Ms. Broadus said a caller had told her there would be no grievance process once the PPC approved the plan. Ms. Watt replied that anyone attending three consecutive meetings was eligible to vote on the plan. That process ensured active participation for anyone interested. Mr. Pérez added that historically plans were released for 30 days public comment once completed.

**16. TASK FORCE REPORTS**:

**A. Commission Task Forces**: Reports were deferred.
**B. Community Task Forces**: Reports were deferred.

**17. SPA/DISTRICT REPORTS**:

- SPA #3: Mr. Chavez reported their next meeting would be November 15th at AIDS Service Center. They would be choosing paradigms and operating values to help prioritize services for priority- and allocation-setting. The December meeting had been cancelled.
- SPA #4: Ms. Rotenberg reported the SPN met October 18th at APLA. There was an in-service on Medicare Part D by Jason Roundy, APLA. Commission, PPC and prevention plan work group updates were provided and there was recruitment for vacant seats. The next meeting would be at APAIT, November 15, 12:00 noon. Details were available at (213) 484-1186.
- SPA #5: Ms. Fisher announced that their October meeting also featured updates. Their next meeting would be November 6th at 2:00 p.m. Rose Veniegas would present on community evidence-based interventions. Their monthly CAB meeting would be November 20th, 12:00 noon. Different agencies have been receiving client feedback on services for the last few meetings. In November, the CAB would begin work on a CAB-organized and -coordinated HIV awareness activity.
- SPA #7: Ms. Leon reported their SPN meeting was October 26th. The upcoming priority-setting process was announced and members looked forward to seeing the new process. Members were also updated on the prevention plan work group which had seen good participation. Agencies providing services in the SPA were encouraged to present at the SPN meetings. They could contact her for information. The November meeting would be moved from the fourth Thursday to November 15th because of the Thanksgiving holiday. The December meeting had been cancelled.

**18. STANDING COMMITTEE REPORTS**:

**A. Priorities & Planning (P&P) Committee**:

1. ***YR 18 Part A/B Allocations Recommendation***: Commissioners identified their agencies and Ryan White-funded services provided, as appropriate.
   - Mr. Goodman presented the recommendations.
     - Recommendation 1: Consistent with the Commission's January 11, 2007 decision to move interpreter training and foreign language translation to Program Support which was intended to enhance service delivery;
     - Recommendation 2: Restore prior funding levels for ASL interpretation which had limited alternate resources and sufficient utilization to demonstrate need;
     - Recommendation 3: Revise the Language Services Standard of Care to reflect that interpretation is the only direct language service in order to be consistent with Recommendation 1;
     - Recommendation 4: Reduce the Legal Services allocation to .5% from 1% because the original allocation included immigration services that were no longer being offered in the service category and were being referred for resolution by alternate resources;
     - Recommendation 5: Increase the Medical Outpatient allocation by .4% to help mitigate the financial impact from the new MAI plan;
     - Recommendation 6: Incorporate into the MOU the agreement that the Commission, OAPP and the PPC jointly develop annual program support activities and expenditures due to their necessity for effective service delivery and a comprehensive continuum of care, and were no longer a distinct fundable category;
     - Recommendation 7: Adopt the following contingency plan for Scenario #3 (reduction of 5% or more), reduce all services equally up to a 7.5% reduction in Part A/B funds, then request an additional reduction in the

administrative and quality management funds by an additional 1% if the reduction surpasses 7.5% and reduce/ eliminate service categories starting at the lowest priority while retaining the 75% core medical threshold;

- Recommendation 8: Adopt the following contingency plan for Scenario #1 (increase of 5% or more) – reconvene the P&P Committee to consider an appropriate allocation strategy at that time;
- Recommendation 9: Approve directives to address issues raised during the process: SOC to revise Language Services standards to reflect only direct language services (interpretation), P&P/SOC to further explore the County's interpretation services, OAPP to determine if interpreter services could be billed to other service contracts, P&P Program Support Subcommittee to include written translation as a program support activity, and P&P to begin analysis of funding thresholds;
- Recommendation 10: Conclude the YR 18 priority- and allocation-setting process with approval of presented recommendations maintaining consistency with a strong committee structure, no additional appeals, and timely movement of allocations.
- Recommendation 11: Any unspent/unallocated funds remaining after full funding of all MAI categories to be allocated to Medical Outpatient—due to its #1 priority ranking and as the service category having experienced the greatest reduction in MAI funding from YR 16 ($1,981,206).

- Ms. Broadus, Women Alive, asked how much was represented by 0.1%. Mr. Vincent-Jones reported that it 0.1 was about $30,000. Ms. Broadus noted that the justification for increased interpretation funding restored ASL to previous levels, but also indicated that previous levels might not have been sufficient. Mr. Goodman, Common Ground, noted that one of the directives was to review potential service gaps. The increase restored the previous level while additional gaps were further explored.
- Mr. Johnson was concerned about the reduction to Legal Services. He felt the discussion in P&P did not focus solely on immigration, but referred to data from the State Bar of California on poverty and the legal impact on growing poverty and related needs. He added that the Los Angeles County Bar Association (LACBA), which would be providing referrals for immigration services, did not represent people itself but only referred them.
- Mr. Goodman replied that there was a memo from the sole provider of the services to the community indicating that it was referring cases to LACBA and pro-bono attorneys. The original allocation of 1.0% was based on testimony that much of the legal services being offered were to address immigration purposes. OAPP indicated there would be no way to identify and procure those services in Year 18 if the sole provider had discontinued them. Mr. Engeran, AHF, said he had seen the memo and it clearly stated that services were being reduced.
- Mr. O'Brien, Los Angeles Gay and Lesbian Center, noted that restoration to Medical Outpatient remained far below original funding. OAPP would need to use NCC dollars to backfill reductions resulting from the new MAI plan to avert YR 18 contract reductions.
- Ms. Broadus said there was a contradiction between restoring dollars to Medical Outpatient while not knowing the effect of the rate study. At the same time, there was soft data on how much funding ASL truly needed. She felt P&P determinations were biased by who was sitting at the table at any given time. Mr. Engeran responded that seat requirements entail Commissioners representing specific interests, but he felt the body did seek the best possible outcome for all. He respected the work of P&P.

**MOTION #3**: Approve the following recommended actions by the P&P Committee:

- Move interpreter training and document translation under program support consideration (Recommendation 1);
- Allocate 0.1% to Language Services for ASL interpretation (Recommendation 2);
- Revise the Language Services Standard of Care to reflect that interpretation is the only direct service (Recommendation 3);
- Reduce the Legal Services allocation by 0.5% (Recommendation 4);
- Allocate an additional 0.4% to Medical Outpatient (Recommendation 5);
- Approve the contingency plan for Funding Scenario #3 (Recommendation 7);
- Approve the contingency plan for Funding Scenario #1 (Recommendation 8);
- Approve the designated directives, as presented (Recommendation 9);
- Conclude the Year 18 priority- and allocation-setting process (Recommendation 10).

***(Passed: 18 Ayes; 1 Opposed; 1 Abstention)***.

2. ***Program Support Strategy***: Mr. Goodman reported that given changes in Reauthorization, there was no longer a program support category. Recommendation #6 outlined how the P&P proposed to resolve no authority over program support, but continued to feel that the Commission should have a role in prioritizing and determining program support activities.

   **MOTION #4**: Approve the plan for the Commission, OAPP and the PPC to annually prioritize program support activities and expenditures together, and incorporate the agreement into the Memorandum of Understanding (MOU) (Recommendation #6) ***(Passed by Consensus)***.

3. ***YR 17 MAI Funding Contingency***:
   - Mr. Goodman called attention to the memorandum in the packet detailing the need for a contingency plan since MAI providers might not be able to absorb all the capacity allocated under the new MAI plan by July 31, 2008. If they could not, the contingency plan allowed OAPP to re-allocate, rather than lose, funds they were unable to contract for MAI services.
   - Ms. Broadus said data showed that people of color, particularly women, commonly entered the system of care later in the course of the disease. She reported recommending to P&P that funds not be re-allocated to services that were not being accessed, but rather to services that increased successful access. Should funds be re-allocated to Medical Outpatient, she felt it was important to track whether those funds actually increased utilization by people of color.
   - Mr. Vincent-Jones said one reason the new MAI plan shifted away from Medical Outpatient funding was to ensure observable outcomes of people entering care or receiving services not otherwise available to them. The new MAI plan has more demonstrable outcomes. Outcomes would still need to be reported to HRSA, even if the MAI one-year contingency plan for the three-year plan were enacted.
   - He went on to say that the contingency plan was solely to allow OAPP to ramp up services for the new MAI plan while expending all funds. All YR 17 MAI-funded services would be tracked. Mr. O'Brien noted that it took time to contract for the new services from the $1.9 million shifted from Medical Outpatient.
   - Ms. Broadus asked what service providers had been told about Psychosocial Case Management in the transition year. Mr. Pérez replied that all YR 17 Part A/B providers had been informed of the impact on their contracts. Funding was restored, fully or partially, to some providers based on increased revenue from the state, mostly in Treatment Education and Mental Health, Psychiatry.
   - He continued that OAPP was asked to increase investments for YR 17 MAI in EIP, Medical Case Management and Oral Health concurrent with decreasing Medical Outpatient. OAPP has a plan for the increases that could be activated once the Board approves it. Providers would have notice as soon as possible before the start of YR 18 of additional contract adjustments.

   **MOTION 5**: Approve the re-allocation contingency plan for YR 17 Minority AIDS Initiative (MAI) funding to allocate any unallocated/spent funds remaining after full funding of all MAI categories to Medical Outpatient (Recommendation #11) ***(Passed by Consensus)***.
4. ***Priority- and Allocation-Setting Policy***:
   - Mr. Goodman noted that the Priority- and Allocation-Setting Process policy and procedure had been revised in response to comments to correct the timeline, to alter the language to retain deadlines but allow for multiple meetings and schedule flexibility, and to require allocation changes to be accompanied by written justifications.
   - In regards to a proposal to allow appeals, he noted that there had been three Commission meetings where these recommendations had been discussed and the full body should vote to approve them. There had been ample opportunity for people to participate in the process while moving the matter in a timely fashion.
   - Ms. Broadus objected to the motion on the grounds that the Commission should have time to hear appeals. Mr. Ballesteros felt appeals should come to the following the P&P Committee.
   - Dr. Long asked if those who disagreed with a recommendation could come back to the Commission to appeal it. Mr. Goodman noted that anyone could address an issue of concern to the Commission during public comment. Mr. Vincent-Jones concurred that while the policy does not permit appeals to the Commission, someone could address an issue through public comment, and the Commission can adopt, oppose, or modify recommendations by the committees or send them back to committee. Ms. Broadus withdrew her objection.

   **MOTION #6**: Approve the Priority- and Allocation-Setting Framework and Process policy and procedure, as revised and presented ***(Passed by Consensus)*.**
5. ***YR 19 Priority/Allocation-Setting Timeline***: Mr. Goodman noted the YR 19 planning process was due to start in January 2008 and run through May 2008. The Year 18 process had been compressed due to the transition from the new Ryan White legislation, but Year 19 would follow the normal course of action. He added that the timeline would start two months later to accommodate the new needs assessment and the completion of the medical care coordination work.
   **MOTION #7**: Approve the YR 19 priority- and allocation-setting timeline, as presented ***(Passed by Consensus)*.**

**B. Operations Committee**:

1. ***YR 16 Assessment of the Administrative Mechanism***: The scope will alternate between one year focused on a comprehensive assessment followed by a year focused on a specialized topic. The same consultant would be hired for both years of the two-year cycle. The topic chosen for the upcoming year was contract monitoring.
   **MOTION #8**: Approve the plan for the YR 16 Assessment of the Administrative Mechanism, as presented ***(Passed by Consensus)***.
2. ***Member Nominations***: Ms. Baumbauer presented the applications for three unaffiliated consumer alternate seats.

**MOTION #9**: Forward the nominations of Ted Liso for the District #3 Consumer Alternate seat, Manuel Negrete for the SPA #5 Consumer Alternate seat, and James Smith for the SPA #1 Consumer Alternate seat to the Board of Supervisors for appointment ***(Passed by Consensus)***.

3. ***Consumer Caucus***:
   - Mr. Vincent-Jones reported that the Operations Committee would be developing a Consumer Caucus composed of all Commissioners who were consumers regardless of affiliation. Many EMAs had such caucuses. The first meeting would be after the January Commission meeting. It would focus on identifying subjects the Caucus wanted to address.
   - Mr. Johnson elaborated that the decision to develop a Caucus arose out of a work group to discuss barriers to consumers serving on the Commission and how to eliminate those barriers. One barrier discussed, for example, was the financial impact, including ancillary costs like computer access and supplies. In addition, the Caucus was designed to mentor and educate consumers on effective participation in the Commission by partnering more experienced with less experienced consumers.

**C. Joint Public Policy (JPP) Committee**:

1. ***HR 3043: HHS Appropriations***:
   - Mr. Engeran reported on the provision added to the House bill to hold harmless provisions at 8.4% for EMAs and 13.4% for TGAs. That would result in some jurisdictions receiving substantial funds back for fiscal year 2007. Additional appropriations were added to the House bill to fund it. The bill went to the Senate which passed several amendments, including the Enzi Amendment, which would disallow additional appropriations to backfill reductions based on formula funding. The bill then went to conference where the committee passed with the House language. If the bill is passed by both houses, as expected, it would go to the President for signature. The Speaker of the House sponsored the additional provision.
   - Pages 10-11 of the GAO report detailed the economic impact by jurisdiction. Los Angeles would lose about $800,000. Three jurisdictions would gain: Atlanta, $160,004; New York, $94,410, and San Francisco, $6,156, 147. Mr. Vincent-Jones added that the real concern was if the appropriations were eliminated and the language remained, LA County could lose more than $800,000 funding this provision for Years 17 and 18.
   - Ms. Taylor confirmed that Marin and San Mateo, which were part of the San Francisco jurisdiction, would receive state backfill funds. The San Francisco Board has also planned to backfill San Francisco County. These potential changes could impact the system going forward by creating additional "hold harmless" conditions, which were specifically excluded from the Ryan White reauthorization.
   - Mr. Engeran noted that because San Francisco was a sister jurisdiction, and the Commission did not support the overnight reduction they had to face, the situation was challenging. Ms. Bailey agreed since the Commission is trying to coordinate with the other California jurisdictions. He suggested that JPP and the Commission craft some communication to the Board of Supervisors that would not alienate San Francisco, yet acknowledge that this legislation could seriously impact the LA County.
   - Mr. Vincent-Jones reported that OAPP had also been talking to the County's advocates. There had been a wait-and-see attitude for several weeks in hopes that the Enzi Amendment would solve the issue. The Board would be updated on the failure of the Enzi Amendment and the Commission could be follow-up. Mr. Engeran recommended formal opposition to HR 3043 and the HHS Appropriations Bill, if it included the language currently going to the President.
   - Mr. Vincent-Jones noted that time was limited. He suggested the Co-Chairs send the letter to the Board. Ms. Watt said everyone also had responsibility to inform their constituencies of the situation. Mr. Engeran noted that members of the Los Angeles delegation voted for HR 3043 when it left the House, and those who represent Los Angeles should be advised of the impact to the County.

   **MOTION #10:** ***(Broadus/Engeran)*** Send a letter from the Commission Co-Chairs to the Board of Supervisors and all interested parties opposing the hold harmless clause in HR 3043 ***(Passed by Consensus)***.

2. ***Public Policy Docket: Update***:
   - Mr. Engeran indicated there had been a request for regular legislation updates. Recapping the status of federal legislation the Commission has supported:
     - HR 822, Lee, routine HIV screening, in committee;
     - HR 178, Lee, STDs in correctional settings, in committee;
     - HR 1943, Waters, Justice Act, passed the House of Representatives and was in the Senate;
     - S 1103, Bingaman, filling the Medicare prescription gap, proposed as an amendment to SCHIPS, but was defeated, and remained in committee;

- S 860, Smith, Early Treatment for HIV Act, in committee and JPP was considering soliciting a five-signature Board letter in support;
- HR 1420 and S 823, Obama, microbicide development, in respective committees.

- Mr. Engeran recapped the state legislation that the Commission has supported:
  - SB 767, Ridley-Thomas, overdose treatment liability, passed and signed by the governor;
  - AB 110, Leno, syringe exchange funding, passed and signed by the governor;
  - AB 1334, Swanson, condoms in prisons, vetoed by the governor in favor of a pilot test;
  - AB 66, Dymally, inmate HIV testing, on Appropriations suspense calendar, and probably returning next year;
  - AB 682, Berg, routine HIV screening, passed and signed by the governor.

3. ***Ryan White 2010 Principles: Next Steps***:
   - Mr. Kochems reported that comments from the Annual Meeting regarding the Principles had been referred to a work group. The group would revise the document and bring it to the January meeting.
   - JPP also identified six areas for further analysis: funding fully based on case reports (prevalence), an omnibus HIV act, making Ryan White supplementary rather than "last resort" funding, HIV/AIDS as a continuum, comprehensive K-12 health and sex education, and portability of services. Briefing papers will be developed and brought to the Commission as they are prepared.

**D.** **Standards of Care (SOC) Committee**: Mr. Vincent-Jones apologized on behalf of the co-chairs for their absences, but the absences were unavoidable.

1. ***Care Coordination Framework: Next Steps***: Mr. Vincent-Jones said there would be four expert review panels on December 4th and 5th. The financial simulation process is expected to begin in January.

**19**. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

**20.** **ANNOUNCEMENTS**: There were no announcements.

**21.** **ADJOURNMENT**: Ms. Bailey adjourned the meeting at 1:30 pm.

**A.** **Roll Call** (**Present)**: Bailey, Baumbauer, Broadus, Chavez, Engeran, Giugni, Goodman, Hamilton, King, Long, O'Brien, Orozco, Smith, Taylor, Watt

| MOTION AND VOTING SUMMARY | | |
|---|---|---|
| **MOTION #1**: Approve the Agenda Order. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #2**: Approve the minutes from the September 13, 2007 Commission on HIV meeting. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #2A:** ***(O'Brien/Broadus)*** Direct the Co-Chairs of the Commission to recommend to the Board of Supervisors that the public comment period for the medical outpatient and related rate studies be extended to a minimum of 90 days (January 21st) to allow for appropriate detailed analysis, presentations on the rate study, and further consideration of the proposed medical care coordination model. | ***Ayes:*** Chavez, Engeran, Giugni, Johnson, Kochems, O'Brien, Orozco, Page, Sanchez, Smith, Varela<br>***Opposed:*** Bailey, Ballesteros, Baumbauer, Broadus, Goodman, Hamilton, King, Land, Long, Taylor<br>***Abstentions:*** None | **MOTION PASSED**<br>**Ayes**: 11<br>**Opposed**: 10<br>**Abstentions**: 0 |
| **MOTION #3:** Approve the following recommended actions by the P&P Committee:<br>▪ Move interpreter training and document translation under program support consideration;<br>▪ Allocate 0.1% to Language Services for ASL interpretation;<br>▪ Revise the Language Services Standard of Care to reflect that interpretation is the only direct service;<br>▪ Reduce the Legal Services allocation by 0.5%;<br>▪ Allocate an additional 0.4% to Medical Outpatient;<br>▪ Approve the contingency plan for Funding Scenario #3;<br>▪ Approve the contingency plan for Funding Scenario #1;<br>▪ Approve the designated directives, as presented;<br>▪ Conclude the Year 18 priority- and allocation-setting process. | ***Ayes:*** Bailey, Ballesteros, Baumbauer, Chavez, Engeran, Giugni, Goodman, Hamilton, Johnson, Kochems, Land, Long, O'Brien, Orozco, Sanchez, Smith, Taylor, Varella<br>***Opposed:*** Broadus<br>***Abstentions:*** King | **MOTION PASSED**<br>**Ayes**: 18<br>**Opposed**: 1<br>**Abstentions**: 1 |
| **MOTION #4:** Approve the plan for the Commission, OAPP and the PPC to annually prioritize program support activities and expenditures together, and incorporate the agreement into the Memorandum of Understanding (MOU). | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #5**: Approve the re-allocation contingency plan for YR 17 Minority AIDS Initiative (MAI) funding to allocate any unallocated/spent funds remaining after full funding of all MAI categories to Medical Outpatient. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #6:** Approve the Priority- and Allocation-Setting Framework and Process policy and procedure, as revised and presented. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #7**: Approve the YR 19 priority- and allocation-setting timeline, as presented. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #8**: Approve the plan for the YR 16 Assessment of the Administrative Mechanism, as presented. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION #9**: Forward the nominations of Ted Liso for the District #3 Consumer Alternate seat, Manuel Negrete for the SPA #5 Consumer Alternate seat, and James Smith for the SPA #1 Consumer Alternate seat to the Board of Supervisors for appointment. | ***Passed by Consensus*** | **MOTION PASSED** |

| MOTION AND VOTING SUMMARY | | |
|---|---|---|
| **MOTION #10:** ***(Broadus/Engeran)*** Send a letter from the Commission Co-Chairs to the Board of Supervisors and all interested parties opposing the hold harmless clause in HR 3043. | ***Passed by Consensus*** | **MOTION PASSED** |